

CLAIMS ONLY								Application Number <div style="font-size: 1.5em; font-family: cursive;">10/517042</div>		Filing Date	
								Applicant(s)			
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
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Total Indep											
Total Depend											
Total Claims											

Application Number 10517042

Filing Date

Applicant(s)

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